10/15/1999 20:11 9414347240 PERRINO&ASSOC

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90327 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054394

1. Entity Name
BERTUNA ENTERPRISES, INC

671587

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10801 CORKSCREW RD		9020 CEDAR CREEK DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ESTERO FL		City & State: BONITA SPRINGS FL	
Zip: 33928	Country: LEE	Zip: 34135	Country: LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0600792 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: PATRICIA BERTUNA
Street Address (P.O. Box Number Is Not Acceptable): 9020 CEDAR CREEK DR
City: BONITA SPRINGS FL Zip Code: 34135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	PATRIZIO BERTUNA
STREET ADDRESS	9020 CEDAR CREEK DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VICE-PRESIDENT
NAME	PATRICIA BERTUNA
STREET ADDRESS	9020 CEDAR CREEK DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PATRIZIO BERTUNA 5/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #